

**CONSTRUCTION CLEARINGHOUSE JOB APPLICATION**

Resolution No. R-1145-99

MIAMI-DADE COUNTY PROVIDES EQUAL ACCESS OPPORTUNITY IN EMPLOYMENT AND SERVICES FOR MINORITIES/FEMALES AND APPLICANTS WITH DISABILITIES

**Section 1. To be completed by Job Applicant.** Please print clearly or type.

Title of Position Sought			Contract/Project Number		
Name: Last		First	Middle Initial	Social Security #	
Address (Street Name and Number)			Apt. #	Home Telephone Number	
City		State	Zip Code	Contact Telephone Number	
Date of Birth: ____ / ____ / ____		<input type="checkbox"/> Male <input type="checkbox"/> Female	Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____		
Current Driver's License: <input type="checkbox"/> None <input type="checkbox"/> Operator/Class E <input type="checkbox"/> Commercial/Class ____ <input type="checkbox"/> Chauffer/Class D					
Have you ever been employed in the construction industry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which trade? _____ How many years? ____					
What hours you are available to work? <input type="checkbox"/> 7 AM to 3 PM <input type="checkbox"/> 8 AM to 5 PM <input type="checkbox"/> Other: _____					
What construction trade are you interested in?					
<input type="checkbox"/> General Laborer	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Site & Prep Work	<input type="checkbox"/> Equipment Operator	<input type="checkbox"/> Truck Driving	<input type="checkbox"/> Roofing	<input type="checkbox"/> Painting	
<input type="checkbox"/> Sprinkler Fitting	<input type="checkbox"/> Drywall Finishing	<input type="checkbox"/> Tile Laying	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Pipefitting	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
Certificates/Licenses: _____					
Job References: _____					
Applicant Signature			Date		

\*\*\*\*\* FOR OFFICIAL USE ONLY \*\*\*\*\*

**Section 2. To be completed by Employer/Contractor.**

Title of Position Hired	Date of Hire
Duration of Job	Job Salary
Employer/Contractor	Contract/Project Number
Employer/Contractor, please submit a copy of this completed form to: <div style="text-align: center;">Attention: Clearinghouse Miami-Dade Employee Relations Department Career Development Division 111 NW First Street, Suite 2110 Miami, Florida 33128 Telephone: (305) 375-2473 Fax: (305) 375-4138 E-mail address: clearinghouse@miamidade.gov</div>	